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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Ca	ase):
1.	Your full name			
	Write the name that is on	Michele		
	your government-issued picture identification (for	First name	First name	
	example, your driver's	R		
	license or passport).	Middle name	Middle name	
	Bring your picture	Janisch		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have	,		
	used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2543		

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Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)				
	•	EINs	EINs				
5. Where you live		5624 S Walnut Ave Apt. 1C Downers Grove, IL 60516	If Debtor 2 lives at a different address:				
		Number, Street, City, State & ZIP Code DuPage	Number, Street, City, State & ZIP Code				
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Debtor 1 Michele R Janisch

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Deb	otor 1 Michele R Janisch				Case number (if known)			
Par	t 2: Tell the Court About	our Bankruptcy (Case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		☐ Chapter 13						
8.	How you will pay the fee	about how yorder. If you a pre-printe	you may pay. Typic ur attorney is submi ed address.	ally, if you are paying the fee yo tting your payment on your beha	k with the clerk's office in your local consurself, you may pay with cash, cashier alf, your attorney may pay with a credit	's check, or money card or check with		
				Iments. If you choose this optic (Official Form 103A).	on, sign and attach the Application for I	ndividuals to Pay		
		but is not re that applies	equired to, waive yo to your family size	ur fee, and may do so only if yo and you are unable to pay the f	n only if you are filing for Chapter 7. By ur income is less than 150% of the office ee in installments). If you choose this of Official Form 103B) and file it with your	cial poverty line option, you must fill		
9.	Have you filed for							
Э.	bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.		Who are	0			
		Distric		When When				
		Distric Distric		when When	Case number Case number			
		Distric		wrien	Case Humber			
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
		Debto	r		Relationship to you			
		Distric	t	When	Case number, if known			
		Debto	r		Relationship to you			
		Distric	t	When	Case number, if known _			
11.	Do you rent your	□ No. Go to	o line 12.					
	residence?	■ Yes. Has	your landlord obtain	ed an eviction judgment agains	t you and do you want to stay in your re	esidence?		
		-	No. Go to line 12					
			Yes. Fill out <i>Initia</i> bankruptcy petition		Judgment Against You (Form 101A) an	d file it with this		

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Deb	otor 1 Michele R Janisch	1		Case number (if known)				
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprie	etor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.					
		☐ Yes.	Name and location of bu	ısiness				
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, St	ate & ZIP Code				
	it to this petition.		Check the appropriate b	ox to describe your business:				
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))				
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))				
			☐ Stockbroker (as)	defined in 11 U.S.C. § 101(53A))				
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))				
			■ None of the above	ve				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am not filing under Cha	apter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have Any	, Hazardous Property or A	ny Property That Needs Immediate Attention				
	Do you own or have any	■ No.		,,				
	property that poses or is alleged to pose a threat	☐ Yes.						
	of imminent and identifiable hazard to	□ Tes.	What is the hazard?					
	public health or safety?							
	Or do you own any property that needs		If immediate attention is					
	immediate attention?		needed, why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?					
	a.gom ropano.			Number, Street, City, State & Zip Code				

Deb	tor 1 Michele R Janisch	1					Case number (if kno	own)	
Pari	t 5: Explain Your Efforts t	o Re	eceive a Briefing Ab	out Credit Counseling					
		Abo	out Debtor 1:			Abo	out Debtor 2 (Spou	se Only in a Joint Case):	
15.	Tell the court whether you have received a briefing about credit counseling.	You	counseling agenc	ng from an approved credit y within the 180 days before I tcy petition, and I received a pletion.			must check one: I received a briefi counseling agend	ng from an approved credit cy within the 180 days before I filed etition, and I received a certificate of	
	The law requires that you receive a briefing about credit counseling before			e certificate and the payment u developed with the agency.				ne certificate and the payment plan, if loped with the agency.	
	you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		counseling agenc	ng from an approved credit y within the 180 days before I tcy petition, but I do not have mpletion.			counseling agend	ng from an approved credit by within the 180 days before I filed setition, but I do not have a spletion.	
	file. If you file anyway, the court can dismiss your case, you			er you file this bankruptcy file a copy of the certificate and y.				er you file this bankruptcy petition, you of the certificate and payment plan, if	
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		services from an a unable to obtain t days after I made	ed for credit counseling approved agency, but was hose services during the 7 my request, and exigent erit a 30-day temporary waiver			from an approved those services du request, and exig	ed for credit counseling services d agency, but was unable to obtain uring the 7 days after I made my ent circumstances merit a 30-day of the requirement.	
			To ask for a 30-day requirement, attach what efforts you mayou were unable to	the temporary waiver of the name as eparate sheet explaining ade to obtain the briefing, why obtain it before you filed for			attach a separate s to obtain the briefin before you filed for	y temporary waiver of the requirement, sheet explaining what efforts you made ng, why you were unable to obtain it bankruptcy, and what exigent uired you to file this case.	
			required you to file Your case may be	dismissed if the court is			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		
			briefing before you If the court is satisf still receive a briefin You must file a cer agency, along with	ne 30-day deadline is granted			receive a briefing v file a certificate fro copy of the payme	fied with your reasons, you must still within 30 days after you file. You must m the approved agency, along with a nt plan you developed, if any. If you do se may be dismissed.	
			may be dismissed. Any extension of the					ne 30-day deadline is granted only for ed to a maximum of 15 days.	
			days.	is limited to a maximum of 15 to receive a briefing about because of:		☐ I am not required to receive a briefin counseling because of:			
			☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
			☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
			☐ Active duty.	military duty in a military combat zone.			☐ Active duty.	I am currently on active military duty in a military combat zone.	
			briefing about credi	are not required to receive a it counseling, you must file a f credit counseling with the				are not required to receive a briefing eling, you must file a motion for waiver g with the court.	

court.

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Deb	tor 1 Michele R Janisch	1		Case number (if known)			
Par	6: Answer These Questi	ons for Repo	orting Purposes				
16.	What kind of debts do you have?	16a. Ai	ned in 11 U.S.C. § 101(8) as "incurred by an				
			No. Go to line 16b.				
			Yes. Go to line 17.				
				iness debts? Business debts are debts tment or through the operation of the bus			
			No. Go to line 16c.				
			Yes. Go to line 17.				
		16c. St	ate the type of debts you ow	e that are not consumer debts or busines	ss debts		
17.	Are you filing under Chapter 7?	□ No. I a	am not filing under Chapter 7	. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses	— 1es. e>	am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No				
	are paid that funds will be available for distribution to unsecured creditors?		l Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	□ \$0 - \$50, ■ \$50,001 □ \$100,001 □ \$500,001	- \$100,000 - \$500,000	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$0 - \$50, ■ \$50,001 □ \$100,001 □ \$500,001	- \$100,000 - \$500,000	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Par	7: Sign Below						
For	you	I have exam	ined this petition, and I decla	are under penalty of perjury that the infor	mation provided is true and correct.		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request rel	ief in accordance with the ch	apter of title 11, United States Code, spe	ecified in this petition.		
		bankruptcy of 1519, and 3	case can result in fines up to	concealing property, or obtaining money \$250,000, or imprisonment for up to 20			
		Michele R Signature of	Janisch	Signature of Debto	r 2		
		Executed or	January 22, 2016 MM / DD / YYYY	Executed on MM	/ DD / YYYY		

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Debtor 1 Michele R Janisc	h	Cas	Case number (if known)			
For your attorney, if you are represented by one		ited States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. §			
If you are not represented by an attorney, you do not need to file this page.	342(b) and, in a case in which § 707(b)(4)(D in the schedules filed with the petition is income.		no knowledge after an inquiry that the information			
	/s/ Lorraine M. Greenberg	Date	January 22, 2016			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Lorraine M. Greenberg					
	Printed name					
	Lorraine M. Greenberg					
	150 N. Michigan Avenue					
	150 N. Michigan Avenue Suite 800					
	Chicago, IL 60601 Number, Street, City, State & ZIP Code					
	Contact phone 312-588-3330	Email address	lgreenberg@greenberglaw.net			
	3129023					
	Bar number & State					

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Debtor 1	Michele R Janisc	h		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				☐ Check if this is an
(ii kilowii)				amended filing

	ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
3e a	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	11: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	52,404.41
	1c. Copy line 63, Total of all property on Schedule A/B	\$	52,404.41
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	12,842.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	52,329.47
	Your total liabilities	\$	65,171.47
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,782.34
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,781.34
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other so	chedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes. 28 LLS C. & 159		

- - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Michele R Janisch Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

				Boodmone	1 ago 10 01 00			
Fill in th	is information	to identify you	r case ar	nd this filing:				
Debtor 1		hele R Janis Name		/liddle Name	Last Name			
Debtor 2 (Spouse, if		Name	N	/liddle Name	Last Name			
United S	tates Bankrupto	y Court for the:	NORTH	HERN DISTRICT OF	ILLINOIS			
Case nui	mber							☐ Check if this is an amended filing
o	. –	004/5						
_	al Form 1							
	edule A				16		4	12/15
it fits best.	Be as complete	and accurate as	possible.	If two married people a	If an asset fits in more that are filing together, both are on y additional pages, write you	equally responsible	e for supplying	correct information. If
Part 1:	Describe Each Re	sidence, Buildin	g, Land, o	r Other Real Estate Yo	u Own or Have an Interest In	1		
1. Do you	own or have any	legal or equitable	e interest i	in any residence, build	ling, land, or similar propert	y?		
■ No. 0	Go to Part 2.							
☐ Yes.	Where is the pro	perty?						
Part 2:	Describe Your Ve	hicles						
3. Cars, □ No ■ Yes		actors, sport (itility veh	nicles, motorcycles				
	ake: Hyund odel: Elantra				in the property? Check one	the amou	nt of any secured	ims or exemptions. Put disclaims on Schedule D: ns Secured by Property.
	ear: Elantra	<u> </u>		■ Debtor 1 only □ Debtor 2 only			value of the	Current value of the
	oproximate mileage	e: 2	0000	☐ Debtor 1 and Debt☐ At least one of the	•	entire pro		portion you own?
20)13 Hyundai E	Elantra (20,00	0	_		¢	12 700 00	¢42 700 00
m	iles)			Check if this is constructions)	ommunity property		513,700.00	\$13,700.00
Examp ■ No □ Yes	eles: Boats, traile	ers, motors, per	sonal wat	ercraft, fishing vesse	vehicles, other vehicles	cle accessories		
.pages	s you have atta	ched for Part 2	2. Write t	hat number here	ies from Part 2, includin			\$13,700.00
	Describe Your Pe own or have an			ns erest in any of the f	ollowing items?		(Current value of the
20 you (or mave an	., .ogai oi oqui	-aaio iiit	30t uny 01 tile 1			r C	portion you own? On not deduct secured claims or exemptions.
	e <mark>hold goods a</mark> n oples: Major app		e, linens,	china, kitchenware				

☐ No

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D	ebtor 1	Michele R J	anisch Case numb	oer (if known)
	Yes.	Describe		
			household goods and furnishings, holiday decorations; linens, housewares, small appliances, pots, pans, dishes; beds, dresser nightstand, tables, chairs, sofa, couch, lamps, household tools	rs, \$1,500.00
7.	□ No	les: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scan I phones, cameras, media players, games	
			tv; laptop computer; cell phone; dvd player;	\$500.00
8.	Exampl ■ No		d figurines; paintings, prints, or other artwork; books, pictures, or other art objects ions, memorabilia, collectibles	s; stamp, coin, or baseball card collections;
9.	Exampl	eent for sports a les: Sports, photo musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs,	skis; canoes and kayaks; carpentry tools;
			bicycle	\$100.00
	■ No □ Yes. Clothe Examp	ples: Pistols, rifle Describe	es, shotguns, ammunition, and related equipment lothes, furs, leather coats, designer wear, shoes, accessories	
			necessary wearing apparel, bible, texbooks, family pictures	\$500.00
12	■ No		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, wat	ches, gems, gold, silver
13	Exam _l ■ No	arm animals ples: Dogs, cats, Describe	birds, horses	
14	■ No	her personal an	nd household items you did not already list, including any health aids you d	lid not list
1			of all of your entries from Part 3, including any entries for pages you have number here	attached \$2,600.00
Pá	art 4: De	scribe Your Finan	cial Assets	

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De	Debtor 1 Michele R Janisch			Case number (if known)			
						portion you own? Do not deduct secured claims or exemptions.	
16.	□ No		·		nome, in a safe deposit box, and on hand when you file your petition		
					Cash	\$5.00	
17.					counts; certificates of deposit; shares in credit unions, brokerage hous ts with the same institution, list each.	ses, and other similar	
	_				Institution name:		
			17.1.	checking	TCF Bank	\$1,186.41	
			17.2.	savings	TCF Bank	\$13.00	
18.	Examp ■ No			cly traded stocks ent accounts with b	prokerage firms, money market accounts		
19.	and joi ■ No	nt venture	ormation	about themne of entity:	porated and unincorporated businesses, including an interest in	an LLC, partnership,	
20.	Negotia Non-ne ■ No	able instruments	include pents are	personal checks, ca those you cannot to	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.		
21.	Examp □ No		RA, ERI	SA, Keogh, 401(k),	403(b), thrift savings accounts, or other pension or profit-sharing plan	ns	
	■ Yes. I	_ist each accoun		tely. of account:	Institution name:		
			401(I	<)	Wells Fargo 401(K)	\$33,000.00	
22.	Your sh		d deposi	ts you have made s	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companies	or others	
	☐ Yes				Institution name or individual:		
23.	■ No		·		ney to you, either for life or for a number of years)		
24.			n IRA, i		qualified ABLE program, or under a qualified state tuition progra	m.	

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De	btor 1	Michele R Ja	anisch		C	ase number (if known)	
	☐ Yes	Ins	stitution name and	description. Separately file the	records of any intere	sts.11 U.S.C. § 521(c):	
25.	_	, equitable or fut	ture interests in p	property (other than anything	listed in line 1), and	rights or powers exercis	sable for your benefit
	■ No □ Yes.	Give specific info	formation about the	em			
	Exam _l ■ No	oles: Internet dom		secrets, and other intellectua tes, proceeds from royalties an		ts	
	Licens	es, franchises, a	and other general		holdings, liquor licens	es, professional licenses	
	☐ Yes.	Give specific info	formation about the	em			
Mo	oney or	property owed to	to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax ref	funds owed to yo	ou				
		Give specific info	ormation about the	m, including whether you alrea	dy filed the returns an	d the tax years	
			_				
			Į.	estimated 2015 tax refund	ls	State and Federal	\$1,900.00
	Exam _l ■ No	support oles: Past due or I Give specific info	,	r, spousal support, child suppor	rt, maintenance, divord	ce settlement, property set	ttlement
	Exam _l ■ No	benefits; unp	es, disability insura paid loans you ma	ance payments, disability bene de to someone else	fits, sick pay, vacation	pay, workers' compensa	tion, Social Security
		Give specific info					
		sts in insurance poles: Health, disab		nce; health savings account (H	SA); credit, homeown	er's, or renter's insurance	
	_ :::	Name the insurar	nce company of ea Company na	ach policy and list its value. me:	Beneficiary	r.	Surrender or refund value:
					<u> </u>		\$0.00
32.	If you			from someone who has died expect proceeds from a life ins		currently entitled to receive	property because
	■ No □ Yes.	Give specific info	formation.				
	Exam			not you have filed a lawsuit es, insurance claims, or rights		or payment	
	■ No □ Yes.	Describe each cl	claim				

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De	btor 1	Michele R Janisch		Case number (if known)	
34.	Other	contingent and unliquidated claims of every nature, inclu	ding counterclaims	of the debtor and rights to set off	claims
	■ No				
	☐ Yes.	Describe each claim			
35.	Any fir	nancial assets you did not already list			
	■ No				
	☐ Yes.	Give specific information			
36		the dollar value of all of your entries from Part 4, includinart 4. Write that number here	• • • • • •		\$36,104.41
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interes	st In. List any real estat	e in Part 1.	
37.	Do you	own or have any legal or equitable interest in any business-related	property?		
	No. Go	to Part 6.			
	☐ Yes. C	Go to line 38.			
Pa	rt 6: De	scribe Any Farm- and Commercial Fishing-Related Property You C)wn or Have an Interest	· In	
ıu		ou own or have an interest in farmland, list it in Part 1.	will of flave all interest		
46.	Do you	u own or have any legal or equitable interest in any farm-	or commercial fishi	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes	s. Go to line 47.			
		_			
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You I	Did Not List Above		
53.		have other property of any kind you did not already list?	•		
		oles: Season tickets, country club membership			
	■ No □ Vas	Give specific information			
	— 100.	Cive specific information			
54	. Add t	the dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
Pa	rt 8:	List the Totals of Each Part of this Form			
55	. Part	1: Total real estate, line 2			\$0.00
56	. Part 2	2: Total vehicles, line 5	\$13,700.00		
57	. Part :	3: Total personal and household items, line 15	\$2,600.00		
58	. Part	4: Total financial assets, line 36	\$36,104.41		
59		5: Total business-related property, line 45	\$0.00		
60		6: Total farm- and fishing-related property, line 52	\$0.00		
61	. Part	7: Total other property not listed, line 54 +	\$0.00		
62	. Total	personal property. Add lines 56 through 61	\$52,404.41	Copy personal property total	\$52,404.41
63	. Total	of all property on Schedule A/B. Add line 55 + line 62			\$52,404.41

Official Form 106A/B Schedule A/B: Property page 5

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Fill in this inform				
Debtor 1	Michele R Janiscl	h		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.										
	■ You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.										
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption						
	concaule 702 that note this property	Copy the value from Schedule A/B	Che	ck only one box for each exemption.							
	2013 Hyundai Elantra (20,000 miles) Line from <i>Schedule A/B</i> : 3.1	\$13,700.00		\$2,400.00	735 ILCS 5/12-1001(c)						
	Line from Scriedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit							
	household goods and furnishings, holiday decorations; linens,	\$1,500.00		\$295.59	735 ILCS 5/12-1001(b)						
	housewares, small appliances, pots, pans, dishes; beds, dressers, nightstand, tables, chairs, sofa, couch, lamps, household tools Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit							
	tv; laptop computer; cell phone; dvd	\$500.00		\$500.00	735 ILCS 5/12-1001(b)						
	player; Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit							
	bicycle	\$100.00		\$100.00	735 ILCS 5/12-1001(b)						
	Line from Schedule A/B: 9.1										

☐ 100% of fair market value, up to any applicable statutory limit

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De	ebtor 1 Michele R Janisch			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	necessary wearing apparel, bible, texbooks, family pictures	\$500.00		\$500.00	735 ILCS 5/12-1001(a)	
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
	Cash Line from Schedule A/B: 16.1	\$5.00		\$5.00	735 ILCS 5/12-1001(b)	
	Line from Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit		
	checking: TCF Bank Line from Schedule A/B: 17.1	\$1,186.41		\$1,186.41	735 ILCS 5/12-1001(b)	
	Line from Schedule AVB: 17.1			100% of fair market value, up to any applicable statutory limit		
	savings: TCF Bank Line from Schedule A/B: 17.2	\$13.00		\$13.00	735 ILCS 5/12-1001(b)	
	Line from Scriedule AVB: 17.2			100% of fair market value, up to any applicable statutory limit		
	401(K): Wells Fargo 401(K) Line from Schedule A/B: 21.1	\$33,000.00		100%	735 ILCS 5/12-1006	
	Life from Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit		
	State and Federal: estimated 2015 tax refunds	\$1,900.00		\$1,900.00	735 ILCS 5/12-1001(b)	
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and even			filed on or after the date of adjustme	ent)	
	■ No	y 5 years after that for e	a303 i	incu on or after the date of adjusting	siic)	
	_	arad by the exemption w	ithin 1	215 days before you filed this cook	52	
	Yes. Did you acquire the property cove	ered by the exemption w	ו וזוווזו	1,2 to days before you filed this case	; ;	
	☐ Yes					
	☐ 1 <i>⊆</i> 2					

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Fill in t	his informati	on to identify you	ır case:				
Debtor 1		Michele R Janis First Name	Middle Name	Last Name			
Debtor 2	_	First Name	Middle Name	Last Name			
United S	States Bankru	uptcy Court for the	: NORTHERN DISTRICT OF ILL	INOIS			
		.p.o, 000.11.010					
(if known)	umber					☐ Check	if this is an
						_	ded filing
Officia	al Form 1	06D					
			Who Have Claims	Secured	by Property	,	12/15
			f two married people are filing together , number the entries, and attach it to th				
1. Do any	creditors have	e claims secured by	your property?				
	No. Check this	s box and submit t	his form to the court with your other	schedules. Yo	ou have nothing else	to report on this form.	
= \	es. Fill in all	of the information	below.				
Part 1:	List All Se	ecured Claims			Column A	Column B	Column C
			nore than one secured claim, list the cred particular claim, list the other creditors in F		r Amount of claim	Value of collateral	Unsecured
			er according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Al	lly Financia	ıl	Describe the property that secures the	ne claim:	\$12,842.00	\$13,700.00	\$0.00
Cre	editor's Name		2013 Hyundai Elantra (20,00	0 miles)			
Po	Box 3809	01	As of the date you file, the claim is: C apply.	Check all that			
ВІ	loomington	, MN 55438	Contingent				
Nu	mber, Street, City	, State & Zip Code	Unliquidated				
Who ow	es the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debto	or 1 only		An agreement you made (such as n	nortgage or secu	red		
☐ Debto	or 2 only		car loan)				
_	or 1 and Debtor	•	Statutory lien (such as tax lien, med	hanic's lien)			
_		ebtors and another	Judgment lien from a lawsuit	Durchasa M	Ioney Security		
	k if this claim munity debt	relates to a	Other (including a right to offset)	Pulchase W	loney Security		
		Opened					
		2/01/14					
		Last Active		er 2137			
Date den	ot was incurred	12/13/15	Last 4 digits of account numb	er 2137			
		-	olumn A on this page. Write that number	er here:	\$12,84	2.00	
	is the last page hat number he		the dollar value totals from all pages.		\$12,84	2.00	
Part 2	List Others	to Be Notified fo	or a Debt That You Already Listed				
			e notified about your bankruptcy for a c	lebt that you air	eady listed in Part 1. Fo	or example, if a collection	n agency is trying
to collec	t from you for	a debt you owe to s debts that you listed	omeone else, list the creditor in Part 1 I in Part 1, list the additional creditors	, and then list th	ne collection agency her	re. Similarly, if you have	more than one
N	lama Addra	66					
	lame Addre		0	n which line	in Part 1 did you	enter the creditor?	?
Р	O Box 3809	902	_		_		2.1
В	Bloomingto	n, <mark>MN 55438-09</mark>	02 La	ast 4 digits o	of account numbe	r 	

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		Boodinon	t lago 10 t), OO		
Fill in this	information to identify your c	ase:				
Debtor 1	Michele R Janisch					
DODIOI 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, fil	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS	_		
Case num	her					
(if known)						Check if this is an
						amended filing
Official	Form 106E/F					
		a Haya Unasa	urad Claima			40/4E
	ule E/F: Creditors W					12/15
D: Creditors	Executory Contracts and Unexpire Who Have Claims Secured by Pro ation Page to this page. If you have known). List All of Your PRIORITY Uns	perty. If more space is ne no information to report	eded, copy the Part you	need, fill it out, number the	entries in the	boxes on the left. Attach
1. Do any	creditors have priority unsecured	claims against you?				
■ No.	Go to Part 2.					
☐ Yes						
Part 2:	List All of Your NONPRIORITY	Unsecured Claims				
3. Do any	creditors have nonpriority unsecu	ed claims against you?				
□ No.	You have nothing to report in this par	t. Submit this form to the co	ourt with your other sched	dules.		
■ Yes						
claim, I	of your nonpriority unsecured clain ist the creditor separately for each clain holds a particular claim, list the other	m. For each claim listed, ic	lentify what type of claim	it is. Do not list claims already	included in Pa	art 1. If more than one
0.00.10.		ordanoro in r directin you in	ave more alan alloc hell	shortly and course statistic in our		Total claim
4.1 A	lexian Bros Medical Center	Last 4 digi	ts of account number	0030		\$204.75
	onpriority Creditor's Name					
	O Box 3495	When was	the debt incurred?	7/18/14		_
	pledo, OH 43607 Imber Street City State Zlp Code	As of the d	late you file, the claim is	s: Check all that apply		
	ho incurred the debt? Check one.	_	•			
	Debtor 1 only	☐ Conting				
_	Debtor 2 only	☐ Unliquid				
	Debtor 1 and Debtor 2 only	☐ Dispute		Lalaina		
	At least one of the debtors and anoth	• • • • • • • • • • • • • • • • • • • •	ONPRIORITY unsecured	i Ciaiifi.		
	Check if this claim is for a comm	- Student		ration agreement or divares the	tuou did oot	
	the claim subject to offset?	- Dingan	ons arising out of a sepa iority claims	ration agreement or divorce tha	ı you dia not	
	I No		•	g plans, and other similar debts		
	Yes	Other S	Specify			
_		— Oulei. C				

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Debto	or 1 Michele R Janisch		Case number (if know)				
4.2	Amex Dsnb Nonpriority Creditor's Name	Last 4 digits of account number	6416	\$2,663.00			
	Correspondence Po Box 981540 ElPaso, TX 79998	When was the debt incurred?	Opened 11/01/08 Last Active 5/31/15				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:				
	At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Care	d				
4.3	Avant Inc Nonpriority Creditor's Name	Last 4 digits of account number	2531	\$4,076.00			
	640 N Lasalle St Suite 535 Chicago, IL 60654	When was the debt incurred?	Opened 7/01/14 Last Active 7/10/15				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	_					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
	☐ At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	<u></u>	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Unsecured	<u> </u>				
4.4	Bank of America	Last 4 digits of account number	0177	\$9,015.00			
	Nonpriority Creditor's Name Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 7/01/00 Last Active 6/12/15				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	Debtor 1 only	☐ Unliquidated					
	☐ Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans					
	☐ Debtor 1 and Debtor 2 only						
	\square At least one of the debtors and another						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify Credit Care	d				

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Debtor	Michele R Janisch	Case number (if know)				
4.5	Beneficial/HFC	Last 4 digits of account number	0643	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5263 Carol Stream, IL 60197	When was the debt incurred?	Opened 8/01/05 Last Active 4/18/13			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:			
	At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other. Specify Check Cree	dit Or Line Of Credit			
4.6	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	7300	\$3,051.00		
	Attn: Bankruptcy		Opened 1/01/99 Last Active			
	Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	5/21/15			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	Пол				
	Debtor 1 only	Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:			
	☐ At least one of the debtors and another	☐ Student loans	a didiiii.			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	<u> </u>	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	i			
4.7	Chase	Last 4 digits of account number	1569	\$2,528.00		
	Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 1/01/90 Last Active 6/24/15			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Credit Card	1			

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Debtor	1 Michele R Janisch	Case number (if know)					
4.8	Chase	Last 4 digits of account number	6448	\$1,372.00			
	Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington DE 10850	When was the debt incurred?	Opened 12/01/12 Last Active 6/12/15				
	Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	<u> </u>	☐ Disputed					
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:				
	At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	1				
4.9	Chase	Last 4 digits of account number	3088	\$3,513.00			
	Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298	When was the debt incurred?	Opened 6/01/10 Last Active 6/18/15				
	Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.		,				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d alaim.				
	☐ At least one of the debtors and another	Student loans	a ciaim:				
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	nation agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	■ Other. Specify Credit Card	<u>d</u>				
4.10	Citi	Last 4 digits of account number	2623	\$2,296.00			
	Nonpriority Creditor's Name CitiorpCredit Svs/Centralized Bankr Po Box 790040	When was the debt incurred?	Opened 12/01/99 Last Active 6/29/15				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	П 0					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans bt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community debt						
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	□ Yes	■ Other Specify Credit Card					
		- Other, Specify	=				

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Debto	Michele R Janisch	Case number (if know)					
4.11	Kohls/Capital One	Last 4 digits of account number	7071	\$515.00			
	Nonpriority Creditor's Name Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 8/01/04 Last Active 6/25/15				
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent☐ Unliquidated					
	☐ Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:				
	☐ At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other Specify Charge Ac	count				
4.12	Macy's	Last 4 digits of account number	9890	\$1,100.00			
	Nonpriority Creditor's Name PO Box 8058 Mason, OH 45040-8058	When was the debt incurred?					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	■ Debtor 1 only	☐ Unliquidated					
	☐ Debtor 2 only	☐ Disputed					
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	l claim:				
	☐ At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify					
4.13	Northland Group	Last 4 digits of account number	1439	\$2,296.71			
	Nonpriority Creditor's Name 7831 Glenroy Road Suite 250	When was the debt incurred?					
	Minneapolis, MN 55439 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	☐ Contingent					
	■ Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	l claim:				
	\square At least one of the debtors and another	☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□Yes	Other. Specify Citicards					

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Debtor	1 Michele R Janisch	Case number (if know)				
4.14	Springleaf Nonpriority Creditor's Name	Last 4 digits of account number	8072	\$9,315.00		
	Po Box 64 Evansville, IN 47701-0064	When was the debt incurred?	Opened 8/01/05 Last Active 6/18/15			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Check Cree	dit Or Line Of Credit			
4.15	Springleaf Financial Services	Last 4 digits of account number	8072	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 3251	When was the debt incurred?				
	Evansville, IN 47731 Number Street City State Zlp Code	A - of the data was file the alabas	Observation all the standards			
	Who incurred the debt? Check one.	As of the date you file, the claim i	s: Cneck all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	_	Type of NONPRIORITY unsecured	d claim:			
	At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify				
4.16	Summit Dermatology & Aesth Surgery	Last 4 digits of account number	9910	\$1,036.01		
	Nonpriority Creditor's Name 1S210 Summit Ave Oakbrook Terrace, IL 60181-3933	When was the debt incurred?				
,	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:			
	☐ At least one of the debtors and another	☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify				

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67.00	F274	Look A digita of account number	Samehaean Beald IC Beans
\$7,92		Last 4 digits of account number	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name
	Opened 5/01/04 Last Active		Attn: Bankrupty
	9/20/15	When was the debt incurred?	Po Box 103104
	s. Check all that apply	As of the date you file, the claim is	Roswell, GA 30076 Number Street City State Zlp Code
	S. Oneck all that apply		Who incurred the debt? Check one.
		☐ Contingent	Debtor 1 only
		☐ Unliquidated	,
		☐ Disputed	Debtor 2 only
	l claim:	Type of NONPRIORITY unsecured	Debtor 1 and Debtor 2 only
		☐ Student loans	At least one of the debtors and another
	ration agreement or divorce that you did not		Check if this claim is for a community debt
		report as priority claims	s the claim subject to offset?
	•	Debts to pension or profit-sharing	No
	count	Other. Specify Charge Acc	Yes
\$1,41	9890	Last 4 digits of account number	/isa Dept Store National Bank
	Opened 12/01/05 Last Active		Nonpriority Creditor's Name Attn: Bankruptcy
	6/15/15	When was the debt incurred?	Po Box 8053
			Mason, OH 45040
	s: Check all that apply	As of the date you file, the claim is	Number Street City State Zlp Code
		☐ Contingent	Who incurred the debt? Check one.
		☐ Unliquidated	Debtor 1 only
		☐ Disputed	Debtor 2 only
	l claim:	Type of NONPRIORITY unsecured	Debtor 1 and Debtor 2 only
		☐ Student loans	At least one of the debtors and another
	ration agreement or divorce that you did not	Obligations arising out of a separ	☐ Check if this claim is for a community debt
	,	report as priority claims	s the claim subject to offset?
	g plans, and other similar debts	Debts to pension or profit-sharing	No
	count	■ Other. Specify Charge Acc	Yes
\$	2531	Last 4 digits of account number	
		When was the debt incurred?	Nonpriority Creditor's Name c/o Avant Credit 640 N. LaSalle Street, Suite 535
	s: Check all that apply	As of the date you file, the claim is	Chicago, IL 60654
	oncon an anat appry	_	Who incurred the debt? Check one.
		☐ Contingent	Debtor 1 only
		☐ Unliquidated	_
		☐ Disputed	Debtor 2 only
	I claim:	Type of NONPRIORITY unsecured	Debtor 1 and Debtor 2 only
		☐ Student loans	☐ At least one of the debtors and another
	ration agreement or divorce that you did not	☐ Obligations arising out of a separate port as priority claims	☐ Check if this claim is for a community debt s the claim subject to offset?
	g plans, and other similar debts	Debts to pension or profit-sharing	No
		Other. Specify	☐Yes

more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address **Allied Interstate** On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

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Debtor 1 Michele R Janisch		Case number (if know)	
7525 West Campus Road New Albany, OH 43054		■ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	9058	
Name and Address Allied Interstate Attn: Bankruptcy 7525 West Campus Road	On which entry in Part 1 or Part 2 di Line 4.8 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
New Albany, OH 43054	Last 4 digits of account number	4673	
Name and Address Allied Interstate Attn: Bankruptcy	On which entry in Part 1 or Part 2 di Line 4.9 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
7525 West Campus Road New Albany, OH 43054		, ,	
New Albany, On 43034	Last 4 digits of account number	4613	
Name and Address Amex Dsnb 9111 Duke Blvd	On which entry in Part 1 or Part 2 di Line 4.2 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Mason, OH 45040	Last A diales of a second according	= 1 art 2. Greditors with Nonphority Orisecuted Glaims	
	Last 4 digits of account number		
Name and Address Bank of America PO Box 982235	On which entry in Part 1 or Part 2 di Line 4.4 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
El Paso, TX 79998-2235	Last 4 digits of account number		
Name and Address	-	duran link than animinal annulitanO	_
Name and Address Beneficial/HFC	On which entry in Part 1 or Part 2 di Line 4.5 of (<i>Check one</i>):	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims	
961 N Weigel Ave		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Elmhurst, IL 60126	Last 4 digits of account number		
Name and Address Blatt, Hasenmiller, Leibsker & Moor 10 S. LaSalle St	On which entry in Part 1 or Part 2 di Line 4.2 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Suite 2200 Chicago, IL 60603-1069			
	Last 4 digits of account number		
Name and Address Capital One 15000 Capital One Dr	On which entry in Part 1 or Part 2 di Line 4.6 of (<i>Check one</i>):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Richmond, VA 23238	Last 4 digits of account number	, at a station man templomy of social station	
Name and Address		d list the entiries I are disease.	_
Name and Address Capital One	On which entry in Part 1 or Part 2 di Line 4.6 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Box 30253		Part 2: Creditors with Nonpriority Unsecured Claims	
Salt Lake City, UT 84130-0253	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Capital One PO Box 54529	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Oklahoma City, OK 73154-4529		Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Chase	On which entry in Part 1 or Part 2 di	· · · <u> </u>	
Po Box 15298	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
Wilmington, DE 19850	Last 4 digits of account number	— Tar. 2. Ordanoto wint Horipholity Officedured Claims	
Name and Address Chase P.O. Box 15123	On which entry in Part 1 or Part 2 di Line 4.9 of (Check one):	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims	

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Debtor 1 Michele R Janisch		Case number (if know)	
Wilmington, DE 19850-5123	Last 4 digits of account number	■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Chase Po Box 15298 Wilmington, DE 19850	On which entry in Part 1 or Part 2 did Line 4.9 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Citi Po Box 6497 Sioux Falls, SD 57117	On which entry in Part 1 or Part 2 did Line 4.10 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Citi PO Box 6097 Sioux Falls, SD 57117-6097	On which entry in Part 1 or Part 2 did Line 4.10 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Dsnb Bankruptcy Processing PO Box 8052 Mason, OH 45040-8052	On which entry in Part 1 or Part 2 did Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Heavner, Scott, Beyers & Mihlar LLC Attorneys at Law PO Box 740 Decatur, IL 62525	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 8545	
Name and Address Kohls PO Box 2983 Milwaukee, WI 53201-2983	On which entry in Part 1 or Part 2 did Line 4.11 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	On which entry in Part 1 or Part 2 did Line 4.11 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address MRS Associates Of NJ 1930 Olney Ave Cherry Hill, NJ 08003	On which entry in Part 1 or Part 2 did Line 4.7 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 9409	
Name and Address Northland Group Inc. PO Box 390905 Edina, MN 55439	On which entry in Part 1 or Part 2 did Line 4.13 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Northland Group Inc. PO Box 390905 Edina, MN 55439	On which entry in Part 1 or Part 2 did Line 4.12 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 3075	
Name and Address Professional Placement Services LLC 272 N 12th Street	On which entry in Part 1 or Part 2 did Line 4.11 of (<i>Check one</i>):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	

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Debtor 1 Michele R Janisch		Case number (if know)			
PO Box 612 Milwaukee, WI 53201-0612	Last 4 digits of account number	3424			
Name and Address Synchrony Bank Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061	On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): Last 4 digits of account number	d you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Synchrony Bank PO Box 965009 Orlando, FL 32896-5009	On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): Last 4 digits of account number	I you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Synchrony Bank/ JC Penneys Po Box 965007 Orlando, FL 32896	On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): Last 4 digits of account number	d you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Synchrony Bank/ JC Penneys Attn: Bankrupty PO BOX 965060 Roswell, FL 32895-5060	On which entry in Part 1 or Part 2 did Line 4.17 of (Check one): Last 4 digits of account number	I you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Visa Dept Store National Bank 9111 Duke Blvd Mason, OH 45040	On which entry in Part 1 or Part 2 did Line 4.18 of (Check one): Last 4 digits of account number	I you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total clain	n
	6a.	Domestic support obligations	6a.	\$	0.00
otal claims	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
iioiii i ait i		• •	6c.	·	0.00
	6c.	Claims for death or personal injury while you were intoxicated		\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
otal claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you			
IIOIII Fait 2	og.	did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	52,329.47
	6j.	Total. Add lines 6f through 6i.	6j.	\$	52.329.47

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Michele R Janisc	:h		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Bristol Club Apartments PO Box 4957 Oak Brook, IL 60522-4957	debtor elects to assume terms of residential lease

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Fill in thi	is information	to identify your	00001			ĺ
Debtor 1	First I	hele R Janiscl	n Middle Name	Last Name		
Debtor 2	iling) First	Jama	Middle Name	Last Name		
(Spouse if, fi	3,					
United St	ates Bankrupto	y Court for the:	NORTHERN DISTRIC	I OF ILLINOIS		
Case nun	mber					Chapte if this is an
(ii kilowil)						☐ Check if this is an amended filing
O#: a: a	- L Cowas 4	0011				
	al Form 1		-1-4			
Sche	aule H:	our Cod	eptors			12/15
your nam	e and case nu	mber (if known)	. Answer every questio			op of any Additional Pages, write
= v.	_	` '		•		
■ No						
2 W:	ithin the last Q	voare havo vou	lived in a community	nronarty state or tarritory	2 (Community propo	rty atatog and tarritarias include
				Puerto Rico, Texas, Washin		rty states and territories include .)
■ No	o. Go to line 3.					
		use, former spou	use, or legal equivalent li	ve with you at the time?		
in lin Form	ie 2 again as a	codebtor only i	f that person is a guara	antor or cosigner. Make s	ure you have listed	ng with you. List the person show the creditor on Schedule D (Officia), Schedule E/F, or Schedule G to
	Column 1: You Name, Number, Str	ur codebtor eet, City, State and ZI	P Code		Column 2: The cr Check all schedu	editor to whom you owe the debt les that apply:
3.1					☐ Schedule D, lii	ne
	Name				☐ Schedule E/F,	line
					☐ Schedule G, li	ne
	Number City	Street	State	ZIP Code		
3.2					☐ Schedule D, lii	ne
	Name				☐ Schedule E/F,	
					☐ Schedule G, li	ne
	Number City	Street	State	ZIP Code		
	Oity		Ciale	Zii Code		

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Eill	in this information to identify your c	200				ı			
	otor 1 Michele R J								
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number nown)		-				ded filing ment showii	ng postpetition	
0	fficial Form 106I							following date:	
	chedule I: Your Inc	omo				MM / DD	YYYY		12/1
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili Ir spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse de infor	is liv mati	ing with you, ii on about your s	clude info pouse. If n	rmation abou	it your needed,
1.	Fill in your employment information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed			☐ Em	☐ Employed		
		Employment status	□ Not employed	☐ Not employed			☐ Not employed		
	employers.	Occupation	Cash Control Coordinator						
	Include part-time, seasonal, or self-employed work.	Employer's name	FNMS Managen Inc.	nent Se	rvic	es, 			
	Occupation may include student or homemaker, if it applies.	Employer's address	601 Riverside Ave Tower Building Jacksonville, FL 32204						
		How long employed t	here? 18 year	s					
Por	t 2: Give Details About Mor	• • •	<u></u>						
Esti spou	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mee space, attach a separate sheet to	ate you file this form. If	, ,	•	,	, .	•	,	J
						For Debtor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2.	\$	4,477.11	_ \$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	4,477.11	\$_	N/A	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Michele R Janisch	_	Case r	number (<i>if known</i>)			
				For	Debtor 1		Debtor 2 or filing spouse	
	Cor	py line 4 here	4.	\$	4,477.11	\$	N/A	
5.	List	t all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,132.76	\$	N/A	
	5b.		5b.	\$-	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	89.46	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	278.03	\$	N/A	
	5e.	Insurance	5e.	\$	194.52	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	. \$	N/A	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h	\$_ - \$	0.00	\$	N/A N/A	
•		· · · · · · · · · · · · · · · · · · ·	_	· —		. —		
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,694.77	. \$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,782.34	. \$	N/A	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.	\$	0.00	\$	N/A	
	8d.		8d.	\$—	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	* \$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		2,782.34 + \$		N/A = \$	2,782.34
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'ο. Ψ		Ψ			2,102.34
11.	State Included the other Double	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	r depei		•		chedule J.	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$ Combin	
12	Do	you expect an increase or decrease within the year after you file this form	2				monthly	income
13.	■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:) f					

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify your case:					
Deb	Michele R Janisch	Check if this is:				
Deb	tor 2		n amended filing supplement show	ring postpetition chapter		
(Spo	buse, if filing)	13	3 expenses as of t	he following date:		
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING	DIS	M	M / DD / YYYY		
	e number					
(IT KI	nown)					
Of	ficial Form 106J					
Sc	chedule J: Your Expenses				12/15	
Be info	as complete and accurate as possible. If two married people are brantion. If more space is needed, attach another sheet to this finber (if known). Answer every question.	e filing together, b form. On the top of	oth are equal f any additior	lly responsible fo nal pages, write y	or supplying correct your name and case	
Par 1.	Describe Your Household Is this a joint case?					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?					
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.		
2.	Do you have dependents? ■ No					
	Do not list Debtor 1	Dependent's relation		Dependent's age	Does dependent live with you?	
	Do not state the				□ No	
	dependents names.				☐ Yes ☐ No	
					☐ Yes	
					□ No	
					Yes	
					□ No	
3.	Do your expenses include ■ No				☐ Yes	
0.	expenses of people other than yourself and your dependents?					
Par	2: Estimate Your Ongoing Monthly Expenses					
exp	imate your expenses as of your bankruptcy filing date unless yo enses as of a date after the bankruptcy is filed. If this is a suppl dicable date.	ou are using this for lemental <i>Schedul</i> e	orm as a sup e <i>J</i> , check the	plement in a Cha box at the top o	pter 13 case to report f the form and fill in the	
	ude expenses paid for with non-cash government assistance if					
	value of such assistance and have included it on Schedule I: Yorkidal Form 106l.)	Your expenses				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgag	e 4. \$		1,180.00	
	If not included in line 4:					
	4a. Real estate taxes		4a. \$		0.00	
	4b. Property, homeowner's, or renter's insurance		4b. \$		13.00	
	4c. Home maintenance, repair, and upkeep expenses		4c. \$	·	0.00	
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hon 	no oquity loons	4d. \$ 5. \$		0.00	
J.	Additional mortgage payments for your residence, such as non	ne equity loans	υ. φ		0.00	

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Debtor '	Michele R Janisch	Case num	ber (if known)	
6. Ut i	lities:			
6a	Electricity, heat, natural gas	6a.	\$	80.00
6b.	Water, sewer, garbage collection	6b.	\$	40.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	110.00
6d	Other. Specify:	6d.	\$	0.00
. Fo	od and housekeeping supplies		\$	500.00
	ildcare and children's education costs	8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	\$	100.00
	rsonal care products and services	10.	·	80.00
	dical and dental expenses	11.		80.00
	Insportation. Include gas, maintenance, bus or train fare.		Ψ	00.00
	not include car payments.	12.	\$	175.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	43.34
	aritable contributions and religious donations	14.		0.00
	urance.		Ψ	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
	b. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.		108.00
	d. Other insurance. Specify:	15d.	· ·	0.00
	Res. Do not include taxes deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
	ecify:	16.	\$	0.00
	tallment or lease payments:			
	a. Car payments for Vehicle 1	17a.	· -	272.00
	o. Car payments for Vehicle 2	17b.		0.00
	c. Other. Specify:	17c.	\$	0.00
17	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.		
	ner payments you make to support others who do not live with you.	40	\$	0.00
	ecify:	19.	/	
	ner real property expenses not included in lines 4 or 5 of this form or on School			0.00
	a. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.		0.00
	c. Property, homeowner's, or renter's insurance	20c.		0.00
	d. Maintenance, repair, and upkeep expenses	20d.	· ·	0.00
20	e. Homeowner's association or condominium dues	20e.	*	0.00
1. O t	ner: Specify:	21.	+\$	0.00
2. Ca	culate your monthly expenses			
	a. Add lines 4 through 21.		\$	2,781.34
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	<u> </u>
			· -	2 794 24
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,781.34
	culate your monthly net income.		_	
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	*	2,782.34
23	o. Copy your monthly expenses from line 22c above.	23b.	-\$	2,781.34
23	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c.	\$	1.00
For mo	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your notification to the terms of your mortgage? No.			e or decrease because of a
ш	Yes. Explain here:			

Fill in this infor	rmation to identify your	case:						
Debtor 1	Michele R Janisch	Michele R Janisch						
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name					
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS					
Case number (if known)					☐ Check if this is an amended filing			
Official For			Dabtaula Ca	ala ala da a				
Declara	tion About a	n Individual	Deptor's Sc	neaules	12/15			
obtaining mone years, or both. 1		n connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20			
Did you pa	ay or agree to pay some	one who is NOT an attori	ney to help you fill out	bankruptcy forms?				
■ No								
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)			
	alty of perjury, I declare re true and correct.	that I have read the sumi	mary and schedules fil	ed with this declaration	on and			
X /s/ Mic	chele R Janisch		X					
	ele R Janisch ure of Debtor 1		Signature o	f Debtor 2				

Date **January 22, 2016**

Εij	l in this inforr	nation to identify you	r case:							
	btor 1	Michele R Janis								
		First Name	Middle Name	La	st Name					
	btor 2 ouse if, filing)	First Name	Middle Name	La	st Name					
Un	ited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	COF ILLING	DIS					
_		initiapitoy Court for the.	TOTAL PROTECTION	01 122.110						
	nown)						Check if this is an amended filing			
	fficial Fo			_						
St	atement	of Financial	Affairs for Indivi	iduals	Filing for B	ankruptcy	12/1			
info	ormation. If m	nore space is needed n). Answer every que	attach a separate sheet stion.	to this forn	n. On the top of an	e equally responsible for s y additional pages, write				
			arital Status and Where Y	ou Lived B	etore					
1.	What is you	r current marital statu	ıs?							
	☐ Married									
	Not mai	arried								
2.	During the la	ng the last 3 years, have you lived anywhere other than where you live now?								
	■ No □ Yes. Lis	_ `								
	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there			
3. stat						nity property state or territ tico, Texas, Washington and				
	■ No									
	☐ Yes. Ma	ake sure you fill out Sc	hedule H: Your Codebtors ((Official For	m 106H).					
Pa	rt 2 Explai	n the Sources of You	r Income							
4.	Fill in the tota	al amount of income yo	nployment or from operar u received from all jobs an have income that you rece	d all busine	sses, including par		alendar years?			
	□ No									
	Yes. Fil	I in the details.								
			Debtor 1			Debtor 2				
			Sources of income Check all that apply.		income e deductions and ions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips		\$3,844.29	☐ Wages, commissions bonuses, tips				
			☐ Operating a business			☐ Operating a business				

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Del	btor 1 Mi	chele R Ja	anisch				Ca	ase number (if i	known)		
				Debtor 1				Debtor 2			
				Sources	of income that apply.		s income re deductions and sions)	Sources	of income that apply.	Gross in (before d and exclu	eductions
			■ Wage bonuses,	s, commissions, tips		\$50,416.54	1 □ Wages bonuses,	s, commission tips	ns,		
				☐ Opera	ting a business			☐ Opera	ting a busines	S	
		dar year be December		■ Wage bonuses,	s, commissions, tips		\$45,280.00	D □ Wages bonuses,	s, commission tips	ns,	
				☐ Opera	ting a business			☐ Opera	ting a busines	s	
<i>.</i>	Include in unemploy gambling List each	come regard ment, and o and lottery v	dless of wheth ther public be vinnings. If you the gross inco	her that inco enefit paymo ou are filing	his year or the two ome is taxable. Ex ents; pensions; rei a joint case and y ach source separa	amples on tal incor ou have	of other income ar me; interest; divide income that you re	e alimony; chil ends; money c eceived togeth	ollected from er, list it only o	lawsuits; royaltie	
				Debtor 1 Sources Describe	of income below	(before	s income re deductions and sions)		of income below.	Gross in (before d	eductions
Par	rt 3: Lis	t Cortain Ba	wmonte Vou	Made Refe	ore You Filed for		,			and coole	1310113)
ô.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? No. Go to line 7. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.										
	Creditor	's Name and	d Address		Dates of payme	ent	Total amount paid	Amount y		his payment for	'
7.	Insiders in corporation including a support an	nclude your ins of which one for a build alimony.	elatives; any you are an o	general pa fficer, direct perate as a	cy, did you make rtners; relatives of or, person in contr sole proprietor. 11	any gen rol, or ow	eral partners; part ner of 20% or mo	tnerships of whore of their votin	nich you are a ng securities;	general partner; and any managii	ng agent,
	Insider's Name and Address				Dates of payme	ent	Total amount	Amount y	ou Reaso	on for this paym	nent
							paid	still c	owe		

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Debt	or 1	Michele R Janisch		Cas	e number (if knowi	n)		
i	insid	in 1 year before you filed for bankruptcy, er? de payments on debts guaranteed or cosigr		ments or transfer a	any property on	account of a d	ebt that benefited an	
		No						
		Yes. List all payments to an insider						
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Include cred	this payment itor's name	
Part	4:	Identify Legal Actions, Repossessions,	and Foreclosures					
l	List a	in 1 year before you filed for bankruptcy, Il such matters, including personal injury ca iications, and contract disputes.						
	_	No Yes. Fill in the details.						
		e title e number	Nature of the case	Court or agency		Status of th	e case	
10 1		in 1 year before you filed for bankruptcy,	was any of your prope	rty renossessed, fo	oreclosed garn	ished attached	d. seized, or levied?	
		k all that apply and fill in the details below.	, , p	,p			.,	
1	-	No						
	□ '	Yes. Fill in the information below.						
	Crec	ditor Name and Address	Describe the Property		Date	е	Value of the property	
		ī.	Explain what happened				рторотту	
i	acco	in 90 days before you filed for bankruptc unts or refuse to make a payment becau No Yes. Fill in the details.		uding a bank or fir	nancial instituti	on, set off any	amounts from your	
			Describe the action the	creditor took	Date	e action was	Amount	
	0.00	ino Hamo ana Adarooo		ordanor took	take		, anount	
	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
		No						
	□ '	Yes						
Part	5:	List Certain Gifts and Contributions						
13. \	_	in 2 years before you filed for bankruptcy	y, did you give any gifts	with a total value	of more than \$	600 per person	?	
ĺ	_	Yes. Fill in the details for each gift.						
		s with a total value of more than \$600 person	Describe the gifts			es you gave gifts	Value	
		son to Whom You Gave the Gift and ress:						
14.	_	i n 2 years before you filed for bankruptc y No	y, did you give any gifts	or contributions	with a total valu	e of more than	\$600 to any charity	
I	□ [,]	Yes. Fill in the details for each gift or contrib	oution.					
	more Cha	s or contributions to charities that total e than \$600 rity's Name	Describe what you	contributed		es you tributed	Value	
		ress (Number, Street, City, State and ZIP Code)						
Part	6:	List Certain Losses						

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

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otor 1 Michele R Janisch	Cas	se number (if known)	
disaster, or gambling?			
-			
_			
Describe the property you lost and how the loss occurred	Include the amount that insurance has paid. List	loss	Value of property lost
t 7: List Certain Payments or Transfers	s		
consulted about seeking bankruptcy or	preparing a bankruptcy petition?		erty to anyone you
Yes. Fill in the details.			
Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	transferred	Date payment or transfer was made	Amount of payment
Lorraine M. Greenberg 150 North Michigan Avenue Suite 800 Chicago, IL 60601 Igreenberg@greenberglaw.net	\$335 for court costs; \$1,400 for attorneys fees	various	\$1,735.00
Debtor CC, Inc. 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org	\$14.95	1/2016	\$14.95
promised to help you deal with your cree Do not include any payment or transfer tha	ditors or to make payments to your creditors?		erty to anyone who
Yes. Fill in the details.			
Person Who Was Paid Address	Description and value of any proper transferred	Date payment or transfer was made	Amount of payment
transferred in the ordinary course of you Include both outright transfers and transfers	ur business or financial affairs? s made as security (such as the granting of a sec		
Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts	Date transfer was made
Person's relationship to you		paid in excitating	
		f-settled trust or similar device	e of which you are a
Name of trust	Description and value of the propert	y transferred	Date Transfer was made
	disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Vithin 1 year before you filed for bankructonsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition of No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Not Chicago, IL 60601 Igreenberg@greenberglaw.net Debtor CC, Inc. 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org Within 1 year before you filed for bankrupromised to help you deal with your cree Do not include any payment or transfer that No Yes. Fill in the details. Person Who Was Paid Address Within 2 years before you filed for bankrupromised to help you filed for bankrupromised to help you deal with your cree Do not include any payment or transfer that No Yes. Fill in the details. Person Who Was Paid Address Within 2 years before you filed for bankrupromised to help you filed for bankrupromis	disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred No Within 1 year before you filed for bankruptcy, did you or anyone else acting on your book address Person Who Mace the Payment, if Not You Lorraine M. Greenberg 150 North Michigan Avenue Suite 800 Chicago, IL. 60601 Igreenberg@greenberglaw.net Debtor CC, Inc. 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org Within 1 year before you filed for bankruptcy, did you or anyone else acting on your book address person Who Made the Payment, if Not You Lorraine M. Greenberg 150 North Michigan Avenue Suite 800 Chicago, IL. 60601 Igreenberg@greenberglaw.net Debtor CC, Inc. 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org Within 1 year before you filed for bankruptcy, did you or anyone else acting on your book address person who Made the Payment, if Not You Lorraine M. Greenberg 150 North Michigan Avenue Suite 800 Chicago, IL. 60601 Igreenberg@greenberglaw.net Debtor CC, Inc. 378 Summit Ave. Description and value of any proper attorneys fees Within 1 year before you filed for bankruptcy, did you or anyone else acting on your book www.debtorcc.org Within 1 years before you filed for bankruptcy, did you or anyone else acting on your book www.debtorcc.org Description and value of any proper transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a securibude gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Description and value of property transferred Within 10 years before you filed for bankruptcy, did you transfer any property to a selbeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.	disaster, or gambling? No No No: No: No: No: No: No: No: No:

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Del	ebtor 1 Michele R Janisch			Case number (if known)				
Pai	rt 8: List of Certain Financial Accounts, I	nstruments, Safe Depo	sit Boxes, and St	orage Units				
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No Yes, Fill in the details.	or other financial acco	ounts; certificates	s of deposit; shares in banks, cre	•			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou	unt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer			
	JP Morgan Chase Bank 10 S Dearborn Street Attention: personal checking dept Chicago, IL 60603	xxxx-3635	■ Checking □ Savings □ Money Mar □ Brokerage □ Other	8/1/2015	\$1.67			
21.	cash, or other valuables?	year before you filed f	or bankruptcy, a	ny safe deposit box or other depo	sitory for securities,			
	Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe the contents	Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy							
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)		Describe the contents	Do you still have it?			
Par	rt 9: Identify Property You Hold or Control	I for Someone Else						
	Do you hold or control any property that s for someone.		clude any proper	ty you borrowed from, are storing	for, or hold in trust			
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pr (Number, Street, City Code)		Describe the property	Value			
Pai	rt 10: Give Details About Environmental In	formation						
For	the purpose of Part 10, the following defini	tions apply:						
	Environmental law means any federal, stat toxic substances, wastes, or material into	•	•	•				

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Michele R Janisch

Case number (if known)

24.	. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit of	any release of hazardous material?					
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or adn	ninistrative proceeding under any env	iror	nmental law? Include settlements	and orders.		
		No						
		Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case		
Par	t 11:	Give Details About Your Business or	Connections to Any Business					
		= nin 4 years before you filed for bankrupt	-	nv o	f the following connections to an	v businoss?		
٠,.	VVIC			•	•	y business:		
		 □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) 						
		☐ A partner in a partnership	, (, , , , , , ,		, ,			
		☐ An officer, director, or managing ex	ecutive of a corporation					
		☐ An owner of at least 5% of the voting	·					
		No. None of the above applies. Go to F						
	_	Yes. Check all that apply above and fill		s.				
	Bu	siness Name	Describe the nature of the business		Employer Identification number	r		
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	me of accountant or bookkeeper		number or ITIN.		
					Dates business existed			
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement	to a	anyone about your business? Inc	ude all financial		
		No Yes. Fill in the details below.						
		me dress nber, Street, City, State and ZIP Code)	Date Issued					

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Debtor 1 Michele R Janisch	1	Case number (if known)
Part 12: Sign Below		
are true and correct. I understar	nd that making a false statement, concealing pult in fines up to \$250,000, or imprisonment fo	nents, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection r up to 20 years, or both.
/s/ Michele R Janisch Michele R Janisch Signature of Debtor 1	Signature of Debtor	2
Date January 22, 2016	Date	
Did you attach additional pages ■ No □ Yes	to Your Statement of Financial Affairs for Ind	ividuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay son ■ No	neone who is not an attorney to help you fill o	ut bankruptcy forms?
☐ Yes. Name of Person .	Attach the Bankruptcy Petition Preparer's Notice,	Declaration, and Signature (Official Form 119).

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Fill in this infor	mation to identify you	r case:		
Debtor 1	Michele R Janis			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
Official Fo		on for Indiv	iduals Filing Under Chaر	oter 7 12/15
creditors have least You must file this	ever is earlier, unless	our property, or and the lease has n within 30 days after		
If two married po		er in a joint case, bo	oth are equally responsible for supplying corre	ect information. Both debtors must
	and accurate as poss		s needed, attach a separate sheet to this form.	On the top of any additional pages,
Part 1: List Y	our Creditors Who Ha	ve Secured Claims		
		Part 1 of Schedule D	D: Creditors Who Have Claims Secured by Pro	perty (Official Form 106D), fill in the
information be Identify the cr	erow. editor and the property	that is collateral	What do you intend to do with the property secures a debt?	that Did you claim the property as exempt on Schedule C?
Creditor's A	Ally Financial		☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
property	2013 Hyundai Ela miles)	intra (20,000	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
securing debt				
For any unexpire in the information	on below. Do not list r	ease that you listed eal estate leases. Ur	in Schedule G: Executory Contracts and Unexpired leases are leases that are still in effecthe trustee does not assume it. 11 U.S.C. § 365	et; the lease period has not yet ended.
Describe your u	unexpired personal pr	operty leases		Will the lease be assumed?
Lessor's name:	Bristol Club	Apartments		□ No
				■ Yes
Description of le	ased debtor elects	to assume terms	of residential lease	

Statement of Intention for Individuals Filing Under Chapter 7

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Deb	otor 1 Michele R Janisch	Case number (if known)
Par	3: Sign Below	
	er penalty of perjury, I declare that I have indicated nerty that is subject to an unexpired lease.	ny intention about any property of my estate that secures a debt and any personal
X	/s/ Michele R Janisch	x
	Michele R Janisch	Signature of Debtor 2
	Signature of Debtor 1	
	Date January 22, 2016	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

		filing fee
+	\$/5	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-02040 Doc 1 Filed 01/22/16 Entered 01/22/16 19:16:00 Desc Main Document Page 48 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Michele R Janisch		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSAT	TION OF ATTOR	NEY FOR DE	EBTOR(S)
C	ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the erendered on behalf of the debtor(s) in contemplation of or in	e petition in bankruptcy, o	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,400.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due			1,400.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4. I	I have not agreed to share the above-disclosed compensation	n with any other person u	inless they are mem	bers and associates of my law firm.
0	I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the same of the s			
5. I	n return for the above-disclosed fee, I have agreed to render le	gal service for all aspects	of the bankruptcy c	ease, including:
b c.	Analysis of the debtor's financial situation, and rendering ad Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications as	of affairs and plan which confirmation hearing, and to market value; exe	may be required; d any adjourned hea	rings thereof;
6. B	y agreement with the debtor(s), the above-disclosed fee does n Representation of the debtors in any discharg any other adversary proceeding; preparation a of liens on household goods.	eability actions, judic	ial lien avoidanc	
	CER	RTIFICATION		
	certify that the foregoing is a complete statement of any agreen nkruptcy proceeding.	ment or arrangement for p	payment to me for re	epresentation of the debtor(s) in
Ja	nuary 22, 2016	/s/ Lorraine M. Gre	eenberg	
Da	te	Lorraine M. Green		
		Signature of Attorney Lorraine M. Green		
		150 N. Michigan A		
		Suite 800 Chicago, IL 60601		
		312-588-3330 Fax	c: 312-264-5620	
		lgreenberg@greer	nberglaw.net	
		Name of law firm		

Case 16-02040 Doc 1 Filed 01/22/16 Entered 01/22/16 19:16:00 Desc Main AGREEMENTO TO PRETAIN COLLEGE 149 CHASTIER 7

The undersigned hereby retains as my Attorney, LORRAINE M. GREENBERG and such other attorneys as may be employed by her and I hereby give permission to Lorraine M. Greenberg to hire other attorneys as co-counsel and to represent me, and to use administrative assistants of her choosing in the following legal matter:

CHAPTER 7, Attorneys fees of \$ 1, 400 = for attorneys fees PLUS \$335.00 for court costs.

PLUS An additional \$25 - 50 approximately for each credit counseling session (two are required) (I pay this directly to an approved credit counseling agency). Ms. Greenberg will provide me with information regarding agency)

PLUS An additional \$225.00 for each Trustee hearing that I fail to attend.

PLUS An additional fee billed at \$275.00 per hour for the defense of an adversary proceeding (\$2,500.00 minimum retainer)

PLUS An additional \$ 100.00 fee + \$30.00 court costs to add creditors after case is filed.

PLUS An additional \$ 450.00 fees to prepare and present either a Motion for Redemption, a Motion to Avoid Lien or Motion to Reopen Case (plus court costs to reopen the case of \$260.00), all of which must be paid in full before Attorney Greenberg will prepare and present any of these Motions.

By signing below I authorize Ms. Greenberg to deposit all funds received for attorneys fees to be deposited into her operations account immediately and to use the funds immediately as her own funds, as an advance payment retainer. I also authorize her to deposit all funds into her Client funds account and immediately transfer the lump sum attorneys fees agreed to above to her operations account. I understand that all money paid for work performed and earned is **NON-REFUNDABLE**. In every case, the initial retainer of \$500.00 is non-refundable. This is a minimum charge. It covers our fees and costs for opening a file on your behalf and inputting your information into our computer system. If Client chooses not to proceed with the Chapter 7 for any reason, any fees earned for work performed or for costs expended before the case has been filed are non-refundable. I understand that attorney services may be billed at the rate of \$275.00 per hour and paralegal services up to \$100.00 per hour.

I have been told that both a chapter 7 and Chapter 13 are proceedings under the U.S. Bankruptcy Code, and that they both affect my credit rating. My attorney has advised me that the decision to file either type of bankruptcy must be carefully considered, and that the decision is mine alone. My attorney has explained both Chapter 13 and Chapter 7 to me and by signing below I acknowledge having been given a copy of each of the Disclosure Forms and the Bankruptcy Information Sheet.

I understand that all of the fees and costs must be paid in full before my case will be fully prepared and filed with the Court, unless otherwise agreed to by Lorraine M. Greenberg. I understand that I will not have the Court's protection from my creditors until the fees and costs have been paid in full, unless otherwise agreed to in writing by Lorraine M. Greenberg and myself.

I have not been made any promises or guarantees other than that my attorneys will represent me in strict compliance with the law, and to the best of their ability and knowledge. I promise to tell my attorneys and the Court the full truth and to cooperate fully with my attorneys in this legal matter, and that if I do not, I agree that my attorney may discontinue representing me.

By signing below, I authorize my attorneys and their staff to file all necessary documents and schedules electronically with the Court and to fax or mail or email copies of pages from my Bankruptcy Petition and Schedules as well as the Notice of Bankruptcy Filing to my Employer, or any other entities my attorneys deem necessary. I also authorize my attorneys to contact whomever is necessary to obtain documentation to support my testimony as to my assets, liabilities, and income, including my present or past employer and the Internal Revenue Service. I further authorize my attorney to use email as a means of communication between myself and/or my creditors and employer.

I understand that it is my responsibility alone to obtain a Certificate of Completion from a credit counseling agency approved by the U.S. Trustee and to have it faxed to my attorneys at (312)264-5620 or delivered in person or emailed to my attorney at lgreenberg@greenberglaw.net and that my attorneys cannot file my case until a certificate is received. I have also been told that I must complete a second credit management training program after my case is filed in order to obtain a discharge of my debts.

By signing below, I acknowledge that I have been informed of any potential conflict of interest that my attorneys may have and that I waive any such conflict without further notice. I agree to pay all reasonable and necessary attorneys fees and costs incurred by Ms. Greenberg in the collection of any amounts due under this contract.

I have read this agreement and fully understand it and herewith acknowledge receipt of a copy. I acknowledge that this agreement is the only agreement relating to attorneys fees that L have signed.

Debtor Joint Debtor

Agreed To:

Lorraine M Greenberg

United States Bankruptcy Court Northern District of Illinois

		Not then District of Hillions		
In re	Michele R Janisch		Case No.	
		Debtor(s)	Chapter	7
	VF	ERIFICATION OF CREDITOR MA	ATRIX	
		Number of C	Creditors: _	4
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of creditor	ors is true and	correct to the best of my
Date:	January 22, 2016	/s/ Michele R Janisch Michele R Janisch Signature of Debtor		

Alexian Bros Medical Center PO Box 3495 Toledo, OH 43607

Allied Interstate Attn: Bankruptcy 7525 West Campus Road New Albany, OH 43054

Ally Financial Po Box 380901 Bloomington, MN 55438

Ally Financial PO Box 380902 Bloomington, MN 55438-0902

Amex Dsnb Correspondence Po Box 981540 ElPaso, TX 79998

Amex Dsnb 9111 Duke Blvd Mason, OH 45040

Avant Inc 640 N Lasalle St Suite 535 Chicago, IL 60654

Bank of America Po Box 982238 El Paso, TX 79998

Bank of America PO Box 982235 El Paso, TX 79998-2235

Beneficial/HFC Attn: Bankruptcy Po Box 5263 Carol Stream, IL 60197 Beneficial/HFC 961 N Weigel Ave Elmhurst, IL 60126

Blatt, Hasenmiller, Leibsker & Moor 10 S. LaSalle St Suite 2200 Chicago, IL 60603-1069

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One 15000 Capital One Dr Richmond, VA 23238

Capital One PO Box 54529 Oklahoma City, OK 73154-4529

Capital One PO Box 30253 Salt Lake City, UT 84130-0253

Chase Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Chase Po Box 15298 Wilmington, DE 19850

Chase P.O. Box 15123 Wilmington, DE 19850-5123

Citi CitiorpCredit Svs/Centralized Bankr Po Box 790040 Saint Louis, MO 63179 Citi Po Box 6497 Sioux Falls, SD 57117

Citi PO Box 6097 Sioux Falls, SD 57117-6097

Dsnb Bankruptcy Processing PO Box 8052 Mason, OH 45040-8052

Heavner, Scott, Beyers & Mihlar LLC Attorneys at Law PO Box 740 Decatur, IL 62525

Kohls PO Box 2983 Milwaukee, WI 53201-2983

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Macy's PO Box 8058 Mason, OH 45040-8058

MRS Associates Of NJ 1930 Olney Ave Cherry Hill, NJ 08003

Northland Group 7831 Glenroy Road Suite 250 Minneapolis, MN 55439 Northland Group Inc. PO Box 390905 Edina, MN 55439

Professional Placement Services LLC 272 N 12th Street PO Box 612 Milwaukee, WI 53201-0612

Springleaf Po Box 64 Evansville, IN 47701-0064

Springleaf Financial Services Attn: Bankruptcy Dept PO Box 3251 Evansville, IN 47731

Summit Dermatology & Aesth Surgery 1S210 Summit Ave Oakbrook Terrace, IL 60181-3933

Synchrony Bank Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896-5061

Synchrony Bank PO Box 965009 Orlando, FL 32896-5009

Synchrony Bank/ JC Penneys Attn: Bankrupty Po Box 103104 Roswell, GA 30076

Synchrony Bank/ JC Penneys Po Box 965007 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankrupty PO BOX 965060 Roswell, FL 32895-5060 Visa Dept Store National Bank Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Visa Dept Store National Bank 9111 Duke Blvd Mason, OH 45040

Webbank c/o Avant Credit 640 N. LaSalle Street, Suite 535 Chicago, IL 60654